



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

(Name)

NAIC Group Code 1311 (Current Period) , 1311 (Prior Period) NAIC Company Code 95844 Employer's ID Number 38-2242827

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 2850 West Grand Boulevard (Street and Number) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 2850 West Grand Boulevard (Street and Number)

Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 313-872-8100 (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard (Street and Number or P.O. Box) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number)

Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 248-443-1093 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org

Statutory Statement Contact Dianna L. Ronan CPA (Name) , 248-443-1093 (Area Code) (Telephone Number) (Extension)

dronan@hap.org (E-Mail Address) 248-443-8610 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael Allen Genord M.D. ,	President and CEO	Robin Damschroder ,	Treasurer
Archana Rajendra # ,	Assistant Secretary	Michelle Denise Johnson Tidjani Esq. ,	Secretary

OTHER OFFICERS

Marjorie Ann Staten J.D. ,	Assistant Secretary		
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DIRECTORS OR TRUSTEES

Jeffrey Alan Chaffkin	Mamatha Chamarthi	Joni Marja-Thrower Davis #	Caleb DesRosiers J.D.
Denise Gaida Essenberg	Michael Allen Genord M.D.	Jacalyn Sue Goforth	John Kevin Gorman
Gregory Jackson	Raymond Carmelo Lope'	Adnan Radwan Munkarah M.D.	Meerah Rajavel #
Robert G. Riney #	Felix Mario Valbuena, Jr. M.D.		

State of Michigan.....

ss

County of Wayne.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Allen Genord M.D.
President and CEO

Robin Damschroder
Treasurer

Archana Rajendra
Assistant Secretary

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	24,007,773	71,952,098		24,326,598	24,007,773	22,066,311
2. Claim overpayment receivables0	
3. Loans and advances to providers0	
4. Capitation arrangement receivables	6,533,738			1,359,031	6,533,738	5,193,172
5. Risk sharing receivables	630,024			2,797,076	630,024	3,427,100
6. Other health care receivables0	
7. Totals (Lines 1 through 6)	31,171,535	71,952,098	0	28,482,705	31,171,535	30,686,583

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	16,472,887		12,808,762	3,664,125	3,664,125	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	16,472,887	0	12,808,762	3,664,125	3,664,125	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. (LOCATION)

	1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
		Individual	Group											
	Total			Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year	173,374	2,813	89,617				11,072	69,872						
2 First Quarter	173,102	2,563	89,759				10,473	70,307						
3 Second Quarter	172,710	2,484	89,653				10,315	70,258						
4. Third Quarter	171,659	2,365	88,757				10,202	70,335						
5. Current Year	180,717	2,281	98,008				10,102	70,326						
6 Current Year Member Months	2,067,154	29,479	1,070,143				123,737	843,795						
Total Member Ambulatory Encounters for Year:														
7. Physician	1,350,687	11,127	508,633				73,863	757,064						
8. Non-Physician	1,669,970	13,281	595,698				91,007	969,984						
9. Total	3,020,657	24,408	1,104,331	0	0	0	164,870	1,727,048	0	0	0	0	0	0
10. Hospital Patient Days Incurred	127,908	554	20,189				2,229	104,936						
11. Number of Inpatient Admissions	23,772	97	4,633				501	18,541						
12. Health Premiums Written (b).....	1,540,516,602	10,418,506	556,131,546				97,231,211	876,735,340						
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	1,540,516,602	10,418,506	556,131,546				97,231,211	876,735,340						
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,430,577,265	8,536,178	513,360,138				94,693,518	813,987,431						
18. Amount Incurred for Provision of Health Care Services	1,416,138,763	7,931,299	501,071,601				93,541,574	813,594,289						

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$876,735,340



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. (LOCATION)

NAIC Group Code 1311		BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2022							NAIC Company Code 95844			
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:															
1. Prior Year		173,374	2,813	89,617	0	0	0	11,072	69,872	0	0	0	0	0	0
2 First Quarter		173,102	2,563	89,759	0	0	0	10,473	70,307	0	0	0	0	0	0
3 Second Quarter		172,710	2,484	89,653	0	0	0	10,315	70,258	0	0	0	0	0	0
4. Third Quarter		171,659	2,365	88,757	0	0	0	10,202	70,335	0	0	0	0	0	0
5. Current Year		180,717	2,281	98,008	0	0	0	10,102	70,326	0	0	0	0	0	0
6 Current Year Member Months		2,067,154	29,479	1,070,143	0	0	0	123,737	843,795	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:															
7. Physician		1,350,687	11,127	508,633	0	0	0	73,863	757,064	0	0	0	0	0	0
8. Non-Physician		1,669,970	13,281	595,698	0	0	0	91,007	969,984	0	0	0	0	0	0
9. Total		3,020,657	24,408	1,104,331	0	0	0	164,870	1,727,048	0	0	0	0	0	0
10. Hospital Patient Days Incurred		127,908	554	20,189	0	0	0	2,229	104,936	0	0	0	0	0	0
11. Number of Inpatient Admissions		23,772	97	4,633	0	0	0	501	18,541	0	0	0	0	0	0
12. Health Premiums Written (b).....		1,540,516,602	10,418,506	556,131,546	0	0	0	97,231,211	876,735,340	0	0	0	0	0	0
13. Life Premiums Direct.....		0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....		1,540,516,602	10,418,506	556,131,546	0	0	0	97,231,211	876,735,340	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		1,430,577,265	8,536,178	513,360,138	0	0	0	94,693,518	813,987,431	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		1,416,138,763	7,931,299	501,071,601	0	0	0	93,541,574	813,594,289	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$876,735,340

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums.....	857	898	856	916	919
2. Title XVIII-Medicare.....	194	237	181	125	104
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	2,037	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	15	2,520	1,350	0	23
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	434,840,493		434,840,493
2. Accident and health premiums due and unpaid (Line 15).....	23,800,768		23,800,768
3. Amounts recoverable from reinsurers (Line 16.1).....	15,119		15,119
4. Net credit for ceded reinsurance.....	XXX	15,119	15,119
5. All other admitted assets (Balance).....	53,245,919		53,245,919
6. Total assets (Line 28)	511,902,299	15,119	511,917,418
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	154,809,275	0	154,809,275
8. Accrued medical incentive pool and bonus payments (Line 2).....	8,388,525		8,388,525
9. Premiums received in advance (Line 8).....	17,517,215		17,517,215
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	91,925,928		91,925,928
15. Total liabilities (Line 24).....	272,640,943	0	272,640,943
16. Total capital and surplus (Line 33).....	239,261,357	XXX	239,261,357
17. Total liabilities, capital and surplus (Line 34)	511,902,299	0	511,902,299
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	15,119		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	15,119		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	15,119		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						.0
2. Alaska	AK						.0
3. Arizona	AZ						.0
4. Arkansas	AR						.0
5. California	CA						.0
6. Colorado	CO						.0
7. Connecticut	CT						.0
8. Delaware	DE						.0
9. District of Columbia	DC						.0
10. Florida	FL						.0
11. Georgia	GA						.0
12. Hawaii	HI						.0
13. Idaho	ID						.0
14. Illinois	IL						.0
15. Indiana	IN						.0
16. Iowa	IA						.0
17. Kansas	KS						.0
18. Kentucky	KY						.0
19. Louisiana	LA						.0
20. Maine	ME						.0
21. Maryland	MD						.0
22. Massachusetts	MA						.0
23. Michigan	MI						.0
24. Minnesota	MN						.0
25. Mississippi	MS						.0
26. Missouri	MO						.0
27. Montana	MT						.0
28. Nebraska	NE						.0
29. Nevada	NV						.0
30. New Hampshire	NH						.0
31. New Jersey	NJ						.0
32. New Mexico	NM						.0
33. New York	NY						.0
34. North Carolina	NC						.0
35. North Dakota	ND						.0
36. Ohio	OH						.0
37. Oklahoma	OK						.0
38. Oregon	OR						.0
39. Pennsylvania	PA						.0
40. Rhode Island	RI						.0
41. South Carolina	SC						.0
42. South Dakota	SD						.0
43. Tennessee	TN						.0
44. Texas	TX						.0
45. Utah	UT						.0
46. Vermont	VT						.0
47. Virginia	VA						.0
48. Washington	WA						.0
49. West Virginia	WV						.0
50. Wisconsin	WI						.0
51. Wyoming	WY						.0
52. American Samoa	AS						.0
53. Guam	GU						.0
54. Puerto Rico	PR						.0
55. US Virgin Islands	VI						.0
56. Northern Mariana Islands	MP						.0
57. Canada	CAN						.0
58. Aggregate Other Alien	OT						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	RE	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	NO	.0
	Henry Ford Health Systems Group		38-2651185				Administration System Research Corporation		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	YES	.0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP Empowered Health Plan, Inc.	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	NO	.0
	Henry Ford Health Systems Group		38-1357020				Henry Ford Health System		UDP			0.0			.0
	Henry Ford Health Systems Group		38-2791823				Henry Ford Wyandotte Hospital Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-1958953				Metropolitan Detroit Area Hospital Services, Inc.		NIA	Henry Ford Health System	Ownership	33.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System		.0
	Henry Ford Health Systems Group		45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-1378121				Sha Realty Corp.		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		46-5746225				Henry Ford Physicians Accountable Care Org LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
	Henry Ford Health Systems Group		46-4064067				Henry Ford Health Sys Government Affairs Services		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group						Henry Ford Elijah McCoy Condominium Association		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	49.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	20.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		98-0128041				Caymich Insurance Company, LTD		IA	Henry Ford Health System	Ownership	44.9	Henry Ford Health System		.0
	Henry Ford Health Systems Group		41-2176000				IRB Medical Equipment, LLC		NIA	Henry Ford Health System	Ownership	35.5	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2666933				Med Star Ambulance		NIA	Henry Ford Health System	Ownership	33.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		26-3421732				Macomb County EMS Medical Control Authority		NIA	Henry Ford Health System	Ownership	33.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		37-1502443				Community Health Technology Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		87-2121325				HFHS-Acadia Joint Venture, LLC		NIA	Henry Ford Health System	Ownership	20.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group						G3 Pharmaceuticals		NIA	Henry Ford Health System	Ownership	5.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group						Cottage Condominium Association		NIA	Henry Ford Health System	Ownership	33.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group						KARETech Medical Devices		NIA	Henry Ford Health System	Ownership	5.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group						PRAM Holdings, LLC		NIA	Henry Ford Health System	Ownership	4.6	Henry Ford Health System		.0
	Henry Ford Health Systems Group						Truveta, Inc		NIA	Henry Ford Health System	Ownership	14.7	Henry Ford Health System		.0
	Henry Ford Health Systems Group		87-1633901				Henry Ford Physician Partners		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		87-1165650				Henry Ford Home Recovery Care, LLC		NIA	Henry Ford Health System	Ownership	49.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		86-1607139				HFHS - MSU Health Sciences		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group						CarePath Rx Holdings, LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		87-1466014				Henry Ford GoHealth Urgent Care Mgmt, LLC		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group						DePre Holdings, LLC		NIA	Henry Ford Health System	Ownership	2.3	Henry Ford Health System		.0
	Henry Ford Health Systems Group						ExPre Holdings, LLC		NIA	Henry Ford Health System	Ownership	7.7	Henry Ford Health System		.0
	Henry Ford Health Systems Group		88-4413164				Healthy Population LLC		NIA	Henry Ford Health System	Ownership		Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0

41.2

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Health Alliance Plan of Michigan

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SCHEDULE Y

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

19.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
20.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
21.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
22.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....SEE EXPLANATION.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

12.

Not applicable
15.

Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
16.

Not applicable
17.

Not applicable
18.

Not applicable
23.

Health Alliance Plan is not a member of the Michigan Life & Health Insurance Guaranty Association

Bar code:



13.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

9 5 8 4 4 2 0 2 2 3 7 1 0 0 0 0 0

14.

9 5 8 4 4 2 0 2 2 3 7 0 0 0 0 0 0

19.

9 5 8 4 4 2 0 2 2 3 0 6 0 0 0 0 0

20.

9 5 8 4 4 2 0 2 2 2 1 1 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M005 Additional Aggregate Lines for Page 05 Line 47.
*REVEX2 - Capital and Surplus Account

		1	2
		Current Year	Prior Year
4704.	Correction of an Error in Adoption of SSAP No. 22R.....		3,489,430
4705.		0
4706.		0
4797.	Summary of remaining write-ins for Line 47 from Page 05	0	3,489,430